

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753518

FILED
Apr 13, 2009
Secretary of State

Entity Name: HUMANE SOCIETY OF ST. LUCIE COUNTY, INC.

Current Principal Place of Business:

SAVANNAH ROAD
100 SAVANNAH ROAD
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

SAVANNAH ROAD
PO BOX 3661
FORT PIERCE, FL 349483661

New Mailing Address:

FEI Number: 59-0836088 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRISCHKORN, CARROL
1651 BINNEY DR
FORT PIERCE, FL 34949 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: 1VPD () Delete
Name: DAVIS, ROBERT
Address: 382 SE NARANJA AVE
City-St-Zip: PORT ST LUCIE,, FL 34983

Title: PD () Delete
Name: CLANCY, PRISCILLA
Address: 2307 CANOE CREEK LANE
City-St-Zip: FORT PIERCE, FL 34981

Title: T () Delete
Name: FRISCHKORN, CARROL
Address: 1651 BINNEY DR
City-St-Zip: FORT PIERCE, FL 34949

Title: RSD () Delete
Name: LANDERS, PAMELA
Address: 3819 ST MARKS ROAD
City-St-Zip: FORT PIERCE, FL 34982

Title: P () Delete
Name: MILLER, ANNETTE
Address: 2015 31ST AVE
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARROLL FRISCHKORN

Electronic Signature of Signing Officer or Director

TREA

04/13/2009

Date